

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

SUSAN B ANTHONY LIST INC

(b) Address (number and street) ☐ check if different than previously reported

1800 NORTH KENT ST STE 1070

(c) City, State and ZIP Code

ARLINGTON

VA

22209

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000921

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

through

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8(b) Communication Title Threaten

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Non-Qualified Corp.

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Marjorie Dannenfelser

(b) Address (number and street)

1800 N Kent St

(c) City, State and ZIP Code

Arlington

VA

22209

(d) Name of Employer or Principal Place of Business

Susan B. Anthony List

(e) Occupation

President

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

18878.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Emily BuchananSIGNATURE Electronically Filed by Emily BuchananDATE 08/25/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	Emily Buchanan		
	(b) Address (number and street)		
	1800 N Kent St Ste 1070		
	Ste 1070		
	(c) City, State and Zip Code		
	Arlington	VA	22209
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Susan B. Anthony List	Executive Director	

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee

Bright Media, Inc

Mailing Address of Payee

2109 Huidekoper Place NW

City	State	Zip Code
Washington	DC	20007

Name of Employer	Occupation
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Date of Disbursement or Obligation

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Amount

2000.00									
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Communication Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID : F93.000001

Purpose of Disbursement (including title(s) of communication(s))

Ad Production

Name of Federal Candidate
Mary Landrieu

Office Sought:

☐ House
☒ Senate
☐ President

State:	LA
District:	

Disbursement/Obligation For: 2008

☐ Primary ☒ General
☐ Other (specify) _____

F94.000002

Name of Federal Candidate

Office Sought:

☐ House
☐ Senate
☐ President

State:	
District:	

Disbursement/Obligation For:

☐ Primary ☐ General
☐ Other (specify) _____

Name of Federal Candidate

Office Sought:

☐ House
☐ Senate
☐ President

State:	
District:	

Disbursement/Obligation For:

☐ Primary ☐ General
☐ Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee

Cross Roads Media LLC

Mailing Address of Payee

66 Canal Center Plaza, Ste. 555

City	State	Zip Code
Alexandria	VA	22314

Name of Employer	Occupation
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Date of Disbursement or Obligation

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Amount

16878.00									
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Communication Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID : F93.000002

Purpose of Disbursement (including title(s) of communication(s))

Ad Placement

Name of Federal Candidate
Mary Landrieu

Office Sought:

☐ House
☒ Senate
☐ President

State:	LA
District:	

Disbursement/Obligation For: 2008

☐ Primary ☒ General
☐ Other (specify) _____

F94.000004

Name of Federal Candidate

Office Sought:

☐ House
☐ Senate
☐ President

State:	
District:	

Disbursement/Obligation For:

☐ Primary ☐ General
☐ Other (specify) _____

Name of Federal Candidate

Office Sought:

☐ House
☐ Senate
☐ President

State:	
District:	

Disbursement/Obligation For:

☐ Primary ☐ General
☐ Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)

18878.00

TOTAL This Period (last page this line number only)
(carry total from last page to line 10)

18878.00